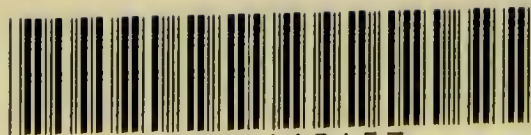


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In Praise of Homoeopathy

ANON. ON THE NEED OF FREEDOM OF OPINION AND OF THE PRESS IN MEDICINE. Extracted from the 'British Journal of Homoeopathy, No. CXX, for 1st April, 1872. London: H. Turner and Co., 77, Fleet Street, E.C. Manchester: 41 Piccadilly. 1872.

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FIRST SEPARATE EDITION, an extract from the *British Journal of Homoeopathy*, (No. CXX, for 1st April, 1872). The author complains about "ignorant and interested prejudice against homoeopathy" and the "trades-union spirit" in the medical press.









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ON THE NEED OF  
FREEDOM OF OPINION AND OF THE  
PRESS IN MEDICINE.

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IN a former article in this Journal (Science and Sectarianism, vol. xxvi, p. 428), we have shown that the majority of the medical profession have virtually declared themselves a *sect*, by persisting in a refusal to look in a certain direction from which possible truth may be obtained. So far as science is concerned, the error is a philosophical one; and while we condemn it, we can do so with calmness. But since medicine is an art, and not a science only, and an art responsible for its utmost to the suffering humanity it exists to aid, an error here assumes a graver character,—it becomes a crime. We propose on the present occasion to consider it in this light, and to show how surely it has resulted in the moral degradation of those who have been guilty of it. We desire to exhibit to our brethren the grievous working of the trade-spirit they have fostered in marring their glory as members of a liberal profession; and the disastrous effects of its manifestations upon their regard by the public at large.

The “fault” of which we desire to “tell” them is that they are taking up a position involving slander and false witness against us, their neighbours. Thus it stands.

There are certain offences, such as felony, for which a

medical man may be legally deprived of his diploma and right of practising. But there are many more which, though disgraceful, and quite incompatible with the upright and honourable practice of medicine, can only be punished or kept in check by self-constituted tribunals and rules within the profession itself. Now the only power of enforcing these rules is the "spiritual" one of excommunication, *i. e.* exclusion from professional intercourse. The punishment is thus the same for all offences; and has hitherto been restricted to moral wrong-doing, or sins against a recognised ethical code. When, therefore, this verdict of exclusion is pronounced against any individual or body, it means conclusively that such person or persons have been guilty of some moral offence, that they have done something infamous, something disgraceful, something at least unbecoming a physician and a gentleman. It never has been, or with propriety could be, attached to any scientific theory or position on which differences of opinion can be conscientiously held. Therefore, if such a decree is pronounced against any man or body of men professing a peculiar medical theory, it must be on the presumption that such theory is not really held and acted on, but is merely a fraudulent pretext; and hence that those professing it are guilty of immoral and infamous conduct. The excluding party stand thus before the public (to whom the question is a vital one) in the position of assessors, who by their special technical knowledge give information against certain of their professional brethren whom they call "homœopathists." And their witness is this, that the persons in question do not really believe the homœopathic theory, in the way they themselves define it, but are impostors and cheats, and therefore to be expelled as guilty of infamous conduct. Of course, if this be true, the expulsion is justified. But the question of whether a man bears false witness or not in a complicated matter of this kind is not whether he thinks or concludes that the case must be as he puts it, or has accepted the belief on the word of another; but whether he has himself taken sufficient pains to form a judgment, and has really *bonâ fide* formed such a judgment.

If he has not done so, his witness is already in spirit false, inasmuch as he has accused a brother of infamous conduct without sufficient evidence. Whether this is equal in sinfulness to swearing a known falsehood is a question we do not care to discuss. But we simply ask, is not the "if" warranted? Where is the evidence on which the pretended judgment has been formed? Could the libel it involves be sustained before any court of justice? We may go farther, and challenge the other side to swear that they really entertain the opinion their acts imply. Did they truly think us knaves and cheats, would their righteous indignation suffer any intercourse whatever? Would it not bar us from them socially as well as professionally? They *know* it is not so. They dare not say, they do not think, that Quin and Henderson are less honourable men than Gull and Jenner. There is hardly a single practitioner of our school who is not on more or less friendly, however little intimate, terms with the medical men of his neighbourhood. And yet, while by so acting they imply that we are at the worst mistaken, in their professional attitude towards us they act on the assumption that we are not so much deceived as deceivers.

How, it may be asked, is it possible that gentlemen, members of a liberal profession, and the subjects of a scientific training, should have been led to take up so unworthy an attitude? We believe that it is the result of a pressure from below,—the sources of the pressure being (1) the ignorant and interested prejudice against homœopathy which so largely prevails, and (2) the trades-union spirit of the medical press. We are still speaking in all friendliness to our brethren, whom personally we honour and esteem, when we endeavour to open the causes of the fault of which we tell them.

1. Of the ignorance and prejudice regarding homœopathy which is the very atmosphere breathed by the medical profession, none can testify better than ourselves. We who now practise the thing we reviled, lived once in that atmosphere and imbibed its spirit. We can understand its intoxicating influence, its power to blind the eyes and dull



the ears ; for we have experienced it. We dare not therefore speak hard words of those whom it still enchains, or take merit to ourselves because we have escaped its fatal charm. But, because we know how ignorant and how prejudiced we ourselves were, we cannot hesitate to fix the same stigma on nine tenths of the opposition to homœopathy which is found at the present day. Let any one ask his medical adviser, let any such adviser ask himself, what pains he has taken to acquaint himself with the system he ridicules, whether he is not merely echoing the common cry when he condemns it. And if the laugh have a sting in it, if “*surgit amari aliquid*” in the midst of the mirth, we venture to say that the fountain of the bitterness is the old grievance—“our craft is in danger.” People are going over to homœopathy. Every medical man has gaps in his connection caused by such defection ; and has the mortification of hearing of failures of his which his rival of the new creed has turned into successes. In applying hence the epithet “interested” to the prejudice entertained we do not necessarily mean any moral imputation. We are all “interested” in obtaining the means of living, and of supporting those dependent upon us : and if what we brand as “quackery” interferes with our so doing, emotional resentment is added to our intellectual condemnation.

The mass of the profession must, we fear, continue enwrapped in this dense cloud of ignorant prejudice, if it is from themselves alone that the effort to dispel it is to come. Absorbed in the struggle for existence, they have little leisure—if they had the will—to think out questions for themselves or to review foregone conclusions. But it belongs to the leaders of the medical world, and to these the rank and file must look, to investigate new thoughts and judge in the “*lumen siccum*” of scientific reason. The others can only be absolved from personal action in the matter if they leave these free to think and do as they may see best. What, then, can be said if, instead of this, the masses insist on forcing their leaders to act according

to their prejudices, and the leaders, instead of guiding in freedom, submit to follow in chains?

Yet so it is. A determination has been come to by the general practitioners of the kingdom, not merely for themselves to refuse to meet or aid one practising homœopathy, but to have nothing to do with any one who acts differently. Now, in provincial towns at any rate, the operating surgeons, consulting physicians, and specialists, are dependent on the rank and file of the profession for their very existence. They are, therefore, forced to truckle to the prejudice of those on whom they depend for their bread; and—often, we believe, against their better judgment—to practise that exclusion from intercourse with the homœopathist which is a virtual imputation on his honesty and integrity. It is sad to think of the moral degradation to which they must submit, so far as they are conscious of what they are doing, when they refuse to lend assistance to their homœopathic colleagues, and by such ostracism brand as infamous characters men whom they, perhaps, know to be their equals morally, intellectually, and socially.

But let this matter of consultation with homœopaths be clearly understood. Our brethren are fond of deluding themselves and others with the pretext that consultations are at least useless, as they disbelieve the homœopathic principle of selection, and are ignorant of the medicines used. But they might easily ascertain that homœopathists *never* wish to call them in for aid in such matters. We should, indeed, be stultifying ourselves if we sought for our patients advice on these points from persons notoriously and intentionally ignorant about them. It is on neutral ground solely that we invite them to our side, in the field of surgery, midwifery, dietetics, and general management, choice of climate, and diagnosis of obscure cases or of diseases of organs to which the consultant has given special attention, and for the knowledge of which he has acquired an exceptional reputation. It is well known that, owing to the vast complexity of medicine, no man can attain to perfection in all its branches. There must, therefore, be division of labour; and only a few can attain to eminence

in special departments. The public have a right to acquire the services of such men, and no less a right to retain the services of their ordinary medical attendant if duly qualified by law. To refuse to afford the one unless the other is given up is to use coercion of the suffering, and it may be dying, patient as a weapon against certain of their duly qualified professional brethren who hold different scientific views. It must be observed, however, that the weapon wounds the patient as much as, or more than, the doctor, and this the patient cannot fail to perceive. It is as if a tradesman, jealous of the success of another in the same business, should announce that he would not sell anything to customers who should buy any article of his rival, though he himself had not that article in his shop. Is such a proceeding consistent with good taste, gentlemanly feeling, and social morality? and does it not force upon beholders the supposition of low-pitched motives? If their motives, they must reason, were truly generous and dictated solely by the benefit of the patients themselves, the consulting men would not refuse, but, on the contrary, be specially anxious, to be called in to the practice of those from whom they differ in opinion. It is their duty to give what they think the right counsel and oppose what is wrong, not to stand aloof from patients who are being maltreated, when they have the opportunity of expressing, and are actually invited to express, their better judgment, but to use all their influence to save them. That the homœopathic practitioners are willing to call in men eminent in special departments, and to give their patients the benefit of their advice, although they thereby afford the opportunity of hostile criticism, is sufficient proof that their hands are clean in the matter. We beg our brethren of the other schools to reconsider their course of action, to deliver their eyes from the blinding veil of the pretext we have exposed, and to see whether their conduct is justifiable on any other ground than that belief in our dishonesty which it plainly implies. If they really mean this by it, let them enquire on what evidence they have formed their opinion, and how it would stand cross-examination. If (as it must do) the enquiry proves



its baselessness, the only honourable course to be taken is self-evident.

The pressure of the majority is not generally so severely felt by the leaders in the metropolis, and we are happy to be able to testify to the honourable conduct of some of the most distinguished operating surgeons and specialists towards their homœopathic colleagues, to whom they are ready to lend their valuable and valued aid on all occasions on which it is sought. The enormous field of medical practice offered by the metropolis gives greater scope for independent action among those high in the profession, and does away with the necessity of pandering to the interests and prejudices of the majority. But, though we can speak thus of operating surgeons and specialists, the spirit of independence has not yet (so far as we are aware) penetrated the ranks of consulting physicians; and the homœopathist would vainly search for one who would give him the benefit of his advice on any of the points other than therapeutical appertaining to medical science. The cause of this is in most instances, we doubt not, the pervading prejudice of which we have spoken, and which is necessarily felt more by the prescriber of drugs than by the surgical man. But even were it otherwise, were the perceptions of the physician sufficiently undimmed to enable him to see the at least possible merits of the despised system, and the certain honesty of the bulk of its professors, his position is not favourable to building thereupon a course of independent conduct. He must wait long if he aspires to consulting practice; must hold back from time-consuming family work; must live in an expensive house, getting probably into debt while awaiting the turn of the tide which shall bring the desired success. He must by all means get a hospital appointment; and this he could never obtain if he made the slightest display of fairness towards homœopathy, or, indeed, treated it with anything but blind hostility. He must write often and much in the medical journals, and take care to exclude anything which their editors (of whom we shall speak presently) could seize upon as at all favourable to a fair consideration of the homœopathic method.

For they know—and are guided by the knowledge—that a suspicion of such fairness would lose them their readers, as in the case of poor Sir John Forbes and the *British and Foreign Medical Review*.

When at last our consulting physician attains the much coveted position, and the fees pour in to pay his debts and reward his long waiting, how is he likely then to dry up the sources of these by listening to the inconvenient suggestions of honesty and liberality towards his dissenting brethren? Besides, there is yet another stake to be run for, viz. the *honours*,—the high places in the societies and councils of medicine, the rank and title ever and anon showered down on the eminent in the profession. “All these things will I give thee, if thou wilt fall down and worship me;” and he falls down and worships still the tempter.

We repeat that we do not believe such conscious

“selling the truth to serve an hour,  
And paltering with eternal God for power,”

to be the *rule* among our brethren. Rather, we think, that “invincible ignorance” of which we read in theology is present in their minds, and here, as there, diminishes the *culpability* of their error. But it does not make their loss, and the loss of those they influence, the less; nor is it worthy of them to suffer themselves to be so blinded by prejudice; and so we strive to convince them of their wrong-doing, and awake them from their delusion. Nor let them think that this refusal to meet us in consultation is the only count in our charge against them. Even if they could satisfy their conscience on this point, what have they to say about excluding and even expelling us from their societies, about threatening resignation in a mass if a homœopathically disposed physician is elected to a hospital, about refusing us all opportunity of replying when attacked in their periodicals? Are these doings justifiable if we only differ in opinion? or is there any ground for the imputation of dishonesty which they imply?

2. We have thus set forth the first cause to which we

trace the persistent false witness borne against homœopathists by the prevailing school of medicine. It is the influence of ignorant prejudice, and the submission of the leaders to the masses. The second root of the evil we have specified as the trades-union spirit of the medical journals; and to this we would now draw our readers' attention.

Lord Brougham has told us, in his recently published memoirs, that one great cause of the early success of the *Edinburgh Review* was its independence. It was under obligations to no publisher; it was the organ of no ministry; it relied on no sect or party for its circulation. It appealed to the public at large; and by freedom and originality of criticism gained authority and won favour. Precisely the reverse has been the course adopted by the medical journals of this country. It is not easy to say whether the profession or the press has been most to blame: probably the two have acted and re-acted upon each other. But the result has been that the pens which should have led, investigated, and guarded freedom have suffered themselves to be swayed by the prevailing prejudice; and in their turn have cramped the action of the leaders in medicine. It is a fact—perhaps our lay readers may find it difficult to credit it—that no essay, article, or letter that treats of the homœopathic therapeutics with anything like fairness has a chance of insertion in any of the great medical journals; that no reply by a homœopathic practitioner to attacks from the other side would be admitted (the “*audi alteram partem*” of the *Lancet* notwithstanding), that no notice would be taken of any work from the pen of a homœopathist except perhaps to abuse and ridicule it, that even an advertisement of a homœopathist's book is not permitted to sully their pure pages.

How potent is this exclusive spirit of the periodical medical press may be seen from the history of the *Practitioner*. Its Editor, Dr. Anstie, had declared that the treatment of homœopathy had hitherto been “disgraceful:” that he would act very differently towards it. The story we told in a previous number, of the discussion on the



treatment of vomiting by *Ipecacuanha*, illustrates his conception of liberality towards us. The use of drop-doses of the Pharmacopœial vinum did not trouble him. But when cases poured in in response to his invitation for facts, where the hundredth or even smaller fractions of a grain proved efficacious; when, above all, evidence was given that similar good results were obtained from *Tartar emetic* (whose "tonic action on the sympathetic" could hardly be maintained) when the vomiting was like that caused by it—Dr. Anstie's toleration failed him, and he declined to hear anything more from us, and indeed abruptly left the subject. The following is another instance in point. In the number of the *Practitioner* for April, 1871, the editor, when commenting on a lecture by Dr. Wilks, used the expression that homœopathy was a treatment of symptoms, as if that was quite an understood thing and even admitted by ourselves. Thereupon one of us wrote a short letter, explaining that it was not so, and that symptoms were merely used by us as by other scientific physicians to discover the pathological simile, which alone was the subject of treatment. And moreover, that when from error a homœopathic practitioner tried to treat single symptoms, he could not do it, as the medicine being given in a dose short of a physiological one it could produce no effect. This letter was not admitted: but a short paragraph was inserted, stating that a communication had been received, paraphrasing it in a few words which completely misrepresented it, and then giving an answer. The writer again wrote, explaining the matter more fully, and requesting the insertion of the original letter, as its author did not agree to the version given of it. No notice was taken; and after six months the writer sent a private note to the editor, requesting a line to know if he had resolved not to insert the letters. To this Dr. Anstie had not the common politeness to send any answer; and next month no notice was taken of it in the journal, nor has any been taken since.

It is therefore evident that an editor with his name displayed on his cover is as little able to do justly as the

anonymous servants of Messrs. Churchill or the British Medical Association. Dr. Anstie admits the disgraceful treatment which homœopathy has hitherto received: but his impulse to behave better towards it is chilled back by his position. He knows that, were he to do so, his subscribers would fall off, and his journal would be ruined. But let Dr. Anstie consider what would happen were his conscience to impel him farther than this. Suppose he were practically to examine homœopathy, and to write and act in respect of its theory as he found it when impartially looked at—*i. e.* if he were to give it a distinct place as one of the theories of medicine. He would be doing nothing but his bounden duty. Yet he would be turned out of his hospital appointment and expelled from the societies to which he belongs; would, in short, lose his present standing and become an outcast. Let him examine himself and see whether such consequences have not, unconsciously to himself, deterred him from the fairness he desires to show. And if it be so, will he not be the first to assail so intolerable a hindrance to the freedom of investigation in medicine? Let him think what he is doing now. He has established a journal devoted to the advancement of therapeutics. He allows borrowers (“*convey the wise it call*”) and renegades to contribute homœopathic articles month after month. But the name is carefully excluded; or, if mentioned, must be epitheted with ridicule or abuse, and its import misrepresented without liberty of correction; while those who are not ashamed to bear it because of the truth which it contains are forbidden to expound their principle or communicate their results. Thus he does his little best to keep back the art with one hand while he strives to advance it with the other: he falls in with the very tactics he stigmatises as disgraceful: and, instead of leading his fellows to freedom, helps to rivet the chains they have forged for their own limbs.

To return. The spirit which animates medical journalism in reference to homœopathy influences in its turn the medical publishers. They refuse to publish or even sell works on the subject unless they be of a condemnatory

character. And not only this, but they will not either publish or sell works written by homœopathists on subjects that have no connection whatever with their special creed. Our readers remember how the late Mr. Highley suddenly threw up the publication of this journal, which he, thinking no harm, had undertaken. The clamour of the prevailing sect frightened him. But this is nothing to what happened a few months ago, when the principal medical publishers in London refused to sell a work on physiology by one of our body. The *Lancet* and *Medical Times* carry their abhorrence of homœopathy so far that they both refused to receive an advertisement of an article on a subject connected with the optics of vision, either because the author was a writer on homœopathy or because the article appeared in this journal. The profession may have originally pressed this line of action on the booksellers, but now the latter in their turn compel the profession to adhere to it. Practically, medical authors are under the thumb of the tradesman, and are obliged to write or forbear from writing as he dictates. So new manuals of the practice of physic, like Russell Reynolds' cyclopædia, must appear with a total omission of a most important branch of medical treatment. Or if, as in Sydney Ringer's case, the writer cannot keep back his knowledge of the value of homœopathic remedies, he must make his statements without allusion to Hahnemann or his method, and indeed refrain from specifying at all the source of his information.

This last is a grave result of the exclusive system—grave in consequences both to the advancement of medicine and to the honesty of authors. And of a piece with it is that with which we began, viz. the terrorism it exerts over those who would act independently. A sad instance in point is that of Sir W. Fergusson. For years he had been the object of suspicion and insinuation because he would not refuse surgical assistance to the patients of his brethren who believed in homœopathy; but there was nothing on which the journalists could fasten. At last he was provoked into writing in his own defence, and explaining his principles of action. Immediately the hue and cry was opened against



him; and the end was that, not convinced in reason, but yielding to pressure, he receded from the position he had taken up. His two letters may be read in the *British Medical Journal* of July 27th and August 17th, 1861. They confirm and explain our statement, that the leaders of the profession are driven to the false witness they practically bear against us their neighbours by the dread of the medical press.

We have now established our charge, and accounted for its apparent improbability. But we desire, before leaving it to work its way, to sharpen its edge by two farther suggestions. We wish our brethren to consider how sure a deterioration in mental and moral character must accompany the conduct we have stigmatised. And we desire their attention to the opinion of the public regarding it, both generally and in reference to special instances of its indulgence.

1. It is impossible for men to be at once liberal and intolerant, free and fettered, fair and unjust. If, as we have argued, the treatment of the homœopathic body is a violation alike of the liberty of science and the fair dealing of fellows, all who take part in it must suffer loss thereby. To say to one school of thought in medicine, you shall not be heard, is so far to make oneself less inclined to listen to any other doctrine or practice whose novelty is distasteful. Thus the spirit which withstood Harvey and Jenner is fostered, ready to clog the wheels of the next discoverer in like manner. Feeling is allowed to reign where reason only should wield the sceptre; and medical science must still lag behind, while those branches of knowledge which men without prejudice cultivate advance with giant strides. Homœopathy may be wrong; but even so it has been wrongfully condemned, and the same method of treating it would equally have condemned it had it been right. There can be no hope for medicine till all disabilities are removed, all penalties imposed upon difference of opinion abrogated, and truth and reason only are allowed to have weight. This is obvious in political science; why should it not be in medical?

But the moral injury our brethren are doing themselves is greater than the mental. They are suffering prejudice not only to blind their eyes, but to embitter their hearts and to poison their tongues. Is it likely that the hate and the evil-speaking will limit themselves to their relations with their homœopathic neighbours, and will not extend to their dealings with their rivals of the same creed? It is no wonder, then, that the *Lancet* has to write that not a week elapses without its editor being called upon "to act as umpire between brethren who, in the practice of their art, seem to have forgotten the principles which are supposed to regulate the conduct of medical men towards each other or towards the public at large."\* These words occur in a recent article on "Medical Ethics," in which this leading journal of the old school has to reprove its readers of "disregard of the difference between a trade and a profession," of "eagerness to get and keep the patients of other medical men," of "want of respect for the feelings and reputation of other medical men," to say nothing of minor counts. But we would have the editor reflect, that these very offences which he deploras as between the members of his own sect have ever been encouraged by him when committed against brethren who acknowledge homœopathy. He writes thus:—"It is rare to hear one medical man speak of another to non-professional persons in plain terms of disapproval. But there are forms of praise which amount to censure, and there are ways of conveying the impression of disparagement which are not the less efficient for being indirect. It is unworthy of one professional man willingly to tarnish the reputation of another, or to put any but the best and most generous construction upon his actions and his practice. Medicine is a difficult art, and even error in it is to be lightly judged, especially by a practitioner whose own consciousness of errors should make him kind." "Prave 'ords" these: but they are mere hypocrisy when one reflects that, supposing the "error" to be of the homœopathic kind, they are held no longer to apply. A medical man may, in conversation with the patient of a

\* *Lancet*, Oct. 14, 1871.

professional brother, assail the latter with remarks depreciatory of the medical and pathological knowledge of the class of practitioners to which he belongs. He may insinuate that they either ignorantly or wilfully misrepresent the nature of the diseases they seem to cure, and exaggerate their gravity. He may accuse them of having no belief in their own principles or doses, and, when they wish to produce palpable effects or to influence severe diseases, of giving "our medicines" in large doses while pretending to give globules. In all this the *Lancet* will justify him. And yet, if he uses the same tactics to injure his rival who is not a homœopathist, this immaculate journal holds up holy hands of grief and indignation.

It seems hardly necessary further to argue this thesis, viz. that the habitual indulgence in exclusion and injustice in one direction is injurious to the whole mental and moral temper of those who are guilty of it. But we may clench the argument with some further instances of its validity; and for these we shall go, not to the rank and file of the profession, but to the very officers' mess.

We have already (vol. xxvii, p. 156) called attention to the action taken by Dr. Wilks in respect of the use of *Aconite*. He told his class that he was "acquainted with two medical men who, in the course of a long practice, had been in the habit of daily using it, but have not cared to speak of it too openly, for fear of having their names associated with members of an eminently quack system; and it may be remembered that the late Mr. Liston brought no little odium upon himself on account of his advocacy of the use of this drug in erysipelas." It might be supposed that he mentioned such "fear" and "odium" only to reprobate the spirit which could inspire the one and manifest the other. Not so. He passes the matter by, as apparently not suggestive of dishonour to a person of his moral calibre, and proceeds to encourage the wrong-doing by narrating cases of pneumonia, bronchitis, and acute rheumatism, in which *Aconite* proved strikingly curative, without a word of credit to the founder of the "eminently quack system" who discovered these virtues of the drug before Dr. Wilks



was born ! We say nothing of the scientific unfairness ; but where is the honesty of such conduct ?

We next have Dr. John Harley, who has enriched our *Materia Medica* with some excellent provings of *Belladonna*, *Hyoscyamus*, and *Conium*. A word of acknowledgment might have been given to the only medical school which insists on such provings as the *sine quâ non* of accurate therapeutics. Not only is this withheld, but he cannot find himself in agreement with our conclusions without unseemly abuse of his unexpected companions. He discovers that *Belladonna* cures the very febrile state it causes. He illustrates its action in so doing by the comparison so familiar in our writings, viz. the mutual neutralisation of ripples proceeding from neighbouring centres. But instead of saying candidly, "in this instance the Hahnemannian rule of *similia similibus* certainly holds good, whatever it may do elsewhere," his only allusion is the following :

"In thus applying *Belladonna* to the treatment of acute disease, we are not blindly led by an unscientific dogma, but simply follow nature."

We are not men "who are blindly led by an unscientific dogma," and as we have often enough stated our creed, Dr. Harley is bound to know it, and can only make such a misrepresentation at the expense of scientific truth. We also "follow nature ;" and the only difference between us is that, while we give the place to Hahnemann which we believe due, and *no more*, we are honourable enough to say so at the expense of calumny and persecution. Whereas, although we do not assert that our opponents place the same value on the homœopathic principle, even if rightly understood and subordinated to the general principles of medical science, which we do, yet when they perceive and admit that it has a certain amount of value, and that directly flowing from it have been added to medicine certain drugs of real value, who can forget that if they simply acknowledged that as men of science and honour ought to do, they would be turned out of their appointments, and their very books, such as Harley's, would find no publisher, unless they concealed their belief, and actually

vilified and ridiculed persons holding the very same scientific belief? But who honourably dares to give honour where honour is due? We are no blind followers of a dogma any more than they. We despise such principles, and we despise the men who act on them. They know the penalty of an honourable treatment of the homœopathic principle, and they know that we know they know it. And the public knows it too. How long, then, is this ridiculous and discreditable farce to be kept up, which only serves to degrade the whole profession in the eyes of the public? Is it not time that the public should arise and take the power of medical education and advancement of the medical art out of the hands of a mere mob of persons whose interests are involved in the practice of it; who are governed by narrow, petty, and sectarian motives, and by natural selection are likely to be represented by men like themselves? The church has long ago been subjected to the state; and also the law. Who would dream of asking the lawyers to make the laws as an irresponsible body? or the church to frame articles uncontrolled by the Privy Council? And yet the art of medicine is supposed to be best advanced by the irresponsible government of men who are chosen, partly, at least, for their willingness to pander to the ignorance and prejudices of the general mob of mere practitioners.

Of Dr. Ringer sufficient has been said. That he filches in silence is our cause of complaint against him. But Dr. Charles Murchison announces his intention of making similar appropriations with a contemptuous cynicism which demands notice. His pupils are not to "allow prejudice to blind their eyes against certain remedial measures recommended by good authority, simply because they may have originated among homœopathsists."\* That is, in other words, there is a body of practitioners who, from a life-long experience of medicines selected according to a definite rule, have acquired certain pieces of therapeutical knowledge. You are utterly to ignore these persons, they are "heterodox" and unworthy of credit. But if some half-hearted trimmer, who dares not name the name of Hahnemann,

\* *British Medical Journal*, January 20th, 1872.

tries certain of their remedies in a coarse way, and makes known his favourable results, you must not allow your just prejudice against the school to hinder you from using their weapons. They have, of course, stumbled upon them by accident only; the "good authority" which recommends them to you has proceeded on the only rational way. For he has heard that "this is good for that," and has tried it and found it answer, so you may try it also.

Such pretensions of Dr. Murchison, and such as he, who would patronisingly vouch for a few good things which some otherwise ridiculous and quackish persons have been using, we can only treat with contempt. Who is likely to know these remedies best, we who have spent our lives in the use of them, or a mere dabbler half afraid of the petty testimony he is prepared to give? Does he imagine he is better able to use them than hundreds and thousands of properly qualified medical men who use them daily in private practice, or than men occupying posts in public hospitals, like Henderson and Tessier? Even if equally able, is he equally willing to tell the whole truth? Let us put him to the test. We are not fools although we are honest, and we by no means assume he should come to the same conclusion as we do, and he may have tried our method and deliberately come to the conclusion that his own practice, whatever it may be, is better. Be it so, we accord him full liberty and respect his opinion. But he must accord the same to us, and extend to us the same reciprocal respect and courtesy we do to all qualified medical men. Now, has he thus behaved? if so the test, as above said, is easy.

We know nothing of Dr. Murchison personally. We know him only as the author of some good (as far as pathology is concerned) *Lectures on Fever*. We may, therefore, without discourtesy, put his position plainly before him. If we suppose that he has read and judged the evidence in favour of *Arsenic*, *Rhus*, *Bryonia*, *Phosphoric acid*, *Baptisia*, &c., in typhus and typhoid, and considers it insufficient to induce him to give them a trial, and being thus unsatisfied does not try them, and does not use them,—we have nothing to say. He is free to judge, and we are not free



—or willing—to impute other than right motives. But surely he must accord the same liberty to others who did think the evidence sufficient, who did try the medicines, and continue to report favorably of them. Does he accord it? Let us go a step further. If (as often happens) an ambiguous case turns up in our practice, where it is of importance that doubtful symptoms should be interpreted as early as possible, and the friends, and the family attendant, wish the advantage of Dr. Murchison's special skill in diagnosis, and, acting as they have a right to do, call him—what will he do? Alas! he will refuse. The very liberty in which he exhorts his pupils to walk is banned and proscribed when it leads to the following of Hahnemann instead of the pilfering from him.

If he fails in this he has failed in his duty and has been guilty of conduct unworthy of a man of science and a physician; has broken the laws of true medical ethics which are ultimately for the good of patient and physician. And, if he so fails in subservience to motives which we need not more nearly characterize, how about the truth of his testimony? if he fails in one will he not in another? The sound judgment of common sense will answer too clearly, and the negative testimony of such a person will carry little weight when it is known, as it is known, to everybody who cares to know, that his positive testimony would cast him from his seat as a teacher, deprive him of his hospital appointment, put a stop to his publishing of books and to his writing in any of the allopathic medical journals. To such a pass have things come by the blind spirit of the trade's union which has been allowed to invade a profession which should be high-minded and honourable above others. We do not single out Dr. Murchison from any intention, but merely as an example which applies to all, even the highest whom the flunkey spirit of the newspapers delights to honour. If any one acts so he is below the line of true medical ethics, and that the great majority do act so does not alter the moral character of the act, it merely degrades the majority of this generation of medical men below the level of true medical honour.

2. The deterioration of tone induced in the medical pro-

fession by its conduct towards homœopathy may be further seen in its reflection on public sentiment.

In illustration of the low opinion of the medical profession generally in the eyes of the public we might cite many instances. We might point to the general tone of the literature of the day regarding doctors, of which it is still true that—

“ we sneer

In health,”

although

“ when ill we call them to attend us

Without the least propensity to jeer.”

We might call in evidence the verdicts of petty juries in trials for manslaughter or personal injury from malpractice. The vilest and most pernicious quacks are acquitted, while the evidence against them of medical witnesses is set down to interested motives. On the other hand, they are ever ready to give preposterous damages for malpractice by a qualified practitioner. Our position is that for this state of things the profession have themselves to blame, and that their conduct towards homœopathy and their medical brethren who believe in it is felt by the public to warrant the lowest interpretation of their conduct elsewhere. But we will content ourselves with specifying at length two facts only, deeming these sufficient to show what the laity think of bigotry and intolerance in medicine. Our first fact is a British Act of Parliament; our second, an expression of opinion on the part of the American press.

The treatment of homœopathy and its followers by the allopathic sect in this country has exposed it to a rebuff from the highest authority. When the medical bill was passing through Parliament, and the *Lancet* and its *confrères* were jubilantly prognosticating the blow it would inflict on irregular practice (by which they meant homœopathy), both Houses unanimously sanctioned the introduction of a clause into the bill hindering the examining bodies from stercotyping knowledge at the mark of their own ignorance and prejudice, and expressly forbidding under pains and penalties any interference with the medical

opinions of candidates for their honours. Assuredly no greater disgrace could be inflicted on a scientific body than to refuse to allow it to be the arbiter of its own teaching. Imagine Professor Tait prohibited from rejecting a candidate who said the earth was a flat plain! But the medical conscience felt the rebuke to be so well merited, that though the clause came upon them by surprise, and though it completely annihilated the hopes they had not been ashamed to express as to the effect of the bill in putting down their rivals, yet scarcely one of the medical journals ventured to utter a mild remonstrance against the now celebrated Clause XXIII.

We now pass to America. Some years ago the Liverpool Medical Institution\* passed, though not without difficulty, a resolution that no homœopathist should in future be admitted to membership. The Massachusetts Medical Society has attempted to go farther still. It has attempted to expel its homœopathic members by resolving that any one who “adopts as his principle in the treatment of disease any exclusive theory or dogma shall be deemed to have violated the by-laws of the Society by ‘conduct unbecoming and unworthy an honorable physician and member of this Society.’” We do not pause to characterize the self-condemning absurdity of this resolution, or its strained application to what we understand as homœopathy. It is admitted that the one thing medical science needs to make it exact is a central law, a pervading principle. But the Massachusetts doctors seem to think that for anyone to suppose that he discerns such a law, and to regulate his practice thereby, is not (even if he be mistaken) an intellectual error, but a moral crime. We wish to show what the *laici* of the State think of the conduct of their *medici*. The following is from the *Boston Post* :

“In these days of progressive thought and scientific development, when old theories are daily being exploded by the revelations of modern research, and when the broadest liberality of thought and practice is allowed in every trade and profession, the simple hint at the ostracism of men for their opinions strikes a

\* See Vol. XVII, p. 133.



tender chord in the heart of the community, and at once arouses feelings as intense as those experienced by the Puritan Fathers at sight of any one who did not agree with their peculiar tenets. Hence it was with the greatest surprise that the people of Boston read a copy of a printed notice from the president of the Massachusetts Medical Society, Dr. Samuel A. Fisk, of Northampton, to those members of that organization who, in the light of their own consciences, have departed from the code of practice prescribed by the old school and adopted that of the homœopathic system.

“This action on the part of the society originated in a series of resolutions adopted at a meeting held June 7th, 1871, of which the following contain the basis of their contemplated tyrannical proceedings:

“Whereas it is alleged that some of its fellows, in opposition to the spirit and intent of its organization, consort, in other societies and elsewhere, with those whose acts tend ‘to disorganize or to destroy’ the society; therefore,

“Resolved, That if any fellow of the Massachusetts Medical Society shall be or shall become a member of any society which adopts as its principle in the treatment of disease any exclusive theory or dogma (as, for example, those specified in Art. 1 of the by-laws of this society), or himself shall practise or profess to practise, or shall aid or abet any person or persons practising or professing to practise according to any such theory or dogma, he shall be deemed to have violated the by-laws of the Massachusetts Medical Society by ‘conduct unbecoming and unworthy an honorable physician and member of this society.’ By-laws VII, section 5.

“The homœopathic members were allowed three months in which to resign their membership; and now, having neglected to do this within the specified time, the president, in compliance with previous instructions, has summoned them to attend a meeting to be held Nov. 21st, 1871, at which they are expected to confess the heinous crime of ‘consorting with other societies,’ and of committing ‘acts’ which ‘tend to disorganize or destroy the state medical society,’ and in the absence of a disposition to comply with this requirement, their expulsion is contemplated. This extraordinary and ridiculous proceeding is simply persecution for opinion’s sake. The persecutors in this instance have entirely mistaken the object for which this society was established. It is

not to secure uniformity of medical practice. That is impossible. There is and always will be a diversity of opinion regarding the nature and treatment of diseases among the allopathic school of physicians themselves. Medical science never was and never can be stationary. Nothing can be more preposterous than the attempt to force every practitioner to prescribe according to certain fixed and unchangeable rules, whether his judgment approves them or not.

“Medical societies are intended to be safeguards for the community against professional ignorance, not the means of perpetuating one medical school or preventing the development of another. By the charter of the Massachusetts Medical Society, every member is entitled to perfect freedom of opinion. It is therefore an usurpation of power never granted it to discriminate against regular members of the medical profession. The majority has no moral or legal right thus to disregard the privileges and rights of individual members.

“There is such a thing as medical freedom, as well as religious and political freedom. If medical societies established by state governments interfere with this right, it is time they were deprived of their charters, to make room for other organizations of more liberal sentiments and principles.”

Other extracts to the same effect might have been given, but the above will suffice. The end of the matter has been that the civil authorities have intervened, and restrained the Society, for the present at least, from its intended piece of exclusiveness.

We have much to say, but must pause here. In our next number we hope to return to the subject, to show with some fulness what is the creed which has roused this unreasoning animosity, and to indicate what measures are desirable for protecting freedom of thought here as elsewhere. One word more, however. Let our medical readers bethink themselves, let our lay readers ask, what is the offence of which we homœopathists are guilty, on the ground of which we are styled “quacks.” Do we advertize? do we use secret medicines? do we claim to have panaceas? are we extortionate? have we, in a word, any features in common with the charlatans who fatten on the credulity of

an ailing public? The evidence is patent to all. An hour's observation or inquiry will satisfy any one that we live and work just like our allopathic neighbours, and are undistinguishable from them save by our mode of using drugs. The realization of this fact would surely make impossible the enmity we have been deploring. It does make impossible any reeiprocation of it on our part. If this Journal may from its age and standing be allowed any representative place in the homœopathic body, let our opponents be assured that we bear them no ill-will, and are ever ready to co-operate with them and to help them as far as they will allow. If they must continue hostile we must defend ourselves, but we have no mind to institute reprisals or to take the offensive.



IN our last number we endeavoured to characterise the opposition with which the homœopathic doctrine has on all sides been encountered. We trust that enough was said to show the essential vice of that opposition, as at present manifested; and so said as to disarm rather than embitter it. Without dwelling further upon this topic, we now desire to say something about the doctrine which has called forth such violent enmity.

“Doctrine,” we say—for homœopathy is this, and nothing more. Like every other doctrine, it has practical corollaries; and one of these, namely, the small dose, has caught the common eye as the prominent distinction of our method. But, as every one who will look into our literature may satisfy himself, we are not globulists, nor even infinitesimalists; we are not characterised essentially by any of the theories or practices which may have marked the school of Hahnemann. We are simply *homœopathists*, so-called, *i. e.* adherents of the relation of similarity between disease and drug as the cardinal principle of therapeutics.

Let us explain.

Dr. Hughes Bennett, in the introduction to his *Principles and Practice of Medicine*, writes thus:—After showing that the difference between the exact and inexact sciences is the possession by the former of a “primitive fact,” he continues:

“Medicine, then, in its present state possesses no primitive fact; but is it not very possible that it may do so at some future time? During the many ages that existed before Newton physical science was as inexact as that of physiology is now. Before the time of Lavoisier, chemistry, like physiology, consisted of nothing but groups of phenomena. These sciences went on gradually advancing, however, and accumulating facts, until at length philosophers appeared who united these together under one law. So

medicine, we trust, is destined to advance; and one day another Newton, another Lavoisier, may arise, whose genius will furnish *our* science with *its* primitive fact, and stamp upon it the character of precision and exactitude."

Now homœopathy is nothing more than one of the many attempts which have been made from time to time to supply this missing "primitive fact." Like Brown and Broussais, Hahnemann propounded his doctrine from within the ranks of traditional medicine, and, indeed, from no undistinguished position there. One would have thought that its reception might have been of the same order. That there should have been Hahnemannists would not have been strange, any more than that there should be Broussaists and Brownists. But the task of the profession at large was to examine the new doctrine, to estimate the worth of the arguments alleged in its support, and to test it in practice; and ultimately to assign it its place in the resources of therapeutic art.

Had this been done, there would not have been at the present day a number of medical men known as "homœopaths," and occupying a separate position. No other doctrine, not even that of Rademacher, has led to a schism and formed a sect. The causes which have led to this result in the case of homœopathy are questions for the historian of medicine. We do not propose to discuss them here. There were, doubtless, faults on both sides. There were at the beginning, and there are now, those *jurare in verba magistri addicti*, aye, and more Hahnemannian than Hahnemann himself. Every inference drawn from the primary doctrine by its propounder, every theory he tacked on to it, and every practical application he made of it, have been regarded as sacred truth. Homœopathy has been supposed to have a physiology and pathology, and not merely a therapeutics, of its own, and to be only practised in perfection with potencies compared with which Hahnemann's 30th was a material dose. If these things were true we should, indeed, be more than adherents of a neglected doctrine. We should be priests of a new faith, requiring a new and separate organization for its embodi-

ment, and the profession at large might fairly treat us as a sect. But it is impossible thus to justify the course it has pursued. Those we have characterised have ever been the exception rather than the rule among the physicians who have practised homœopathy. In this country, at any rate, they might be counted on the fingers. The homœopathy neither of this *Journal* nor of its *Monthly* contemporary has ever been of their complexion; and the same may be said of the many apologetic writings of the British advocates of the doctrine. The profession in this country is, therefore, responsible for the treatment of homœopathy as it has been presented to it; and we may boldly say, as we have said before, that if we are a sect, it is they who have made us one; that there is nothing in our spirit which has led us into schism, and nothing in our doctrine or practice which keeps us there; that the sin, first and last, lies at the door of those whose prejudice and intolerance we stigmatised in our former article.

Accordingly, our position is this:—We are ready to admit that in the past there have been faults of temper and errors in judgment on one side as on the other. But as regards the ground taken up by the maintainers of homœopathy in this country (as represented, for instance, for these twenty-nine years by ourselves) we have no foot to stir, and no pardon to ask. We earnestly desire reconciliation and reunion, but these can only come about by a frank recognition on the part of our brethren of the soundness of our principles. They are already more or less consciously assimilating them; we ask them only to do it avowedly, and in the light of day.

What, then, are these principles, for which we do not so much crave a hearing as demand acknowledgment?

The first is this—that the treatment of disease by medicines selected for the similarity of their effects to the symptoms present is a legitimate therapeutic method, and one which requires investigation. We do not parade it as universal and exclusive. We do not claim credence for even its partial value without trial. We only ask that no prejudice should operate against its fair consideration.



The profession is confessedly not so armed at every point against its foe as to be able to slight an additional weapon offered to its hand. Let every physician in the presence of disease feel himself free, aye more, as *bound*, to consider whether this is a case in which a similarly acting remedy promises to do more than one of contrary properties, or one operating only indirectly upon the morbid process. That is, let his choice lie between homœopathy, enantiopathy, and allœopathy—in one or other of which categories, as Hahnemann long ago pointed out, all remedies may be classed. At present the second and third kind only are thought of; or if the first be allowed a place, it is with apology,\* or under another name, as Trousseau's "substitution." As long as prejudice thus operates to exclude the trial of similarly acting medicines by the profession at large, so long we must appear singular in admitting them, and must, perhaps, be partial in preferring them. If our brethren wish us to be impartial, they must be impartial too. They blame us for basing our practice upon an "exclusive" theory; but it is they who make it such by excluding it from their own. We urge upon them to let it be thus no longer. Let them test the principle in their own way, if they please; with such rough pathogenetic knowledge as they have, with such limited range of dose as they are accustomed to use. We are sure that the results will lead to farther inquiry, and will support the claim of the farther principles we maintain.

And to bar a collateral and false issue which has been continually raised, we add that by similarity between the action of the medicine and the disease we do not mean an apparent and superficial resemblance of unconnected symptoms which may be found common to both, but a true pathological similitude between the effects of drugs and the elementary morbid states which lie at the root of diseases. To find this similarity the whole resources of semiology must be taxed; and hence the complete testing of the homœopathic principle can only be carried out *pari passu*

\* See Drs. Watson and Symonds in Vol. XXIX, p. 816.



with the advance of the whole circle of the sciences bearing on medicine.

Secondly. The rule "*similia similibus*" can obviously be carried out only in proportion as the effects of drugs on the healthy body are ascertained. We therefore place, as our second stand-point, the necessity of the "proving" of medicines. We hail with gratification the attempts of the kind made in various quarters; we ask only that they be carried on more systematically and thoroughly, and that the contributions of homœopathists towards the knowledge of pathogenetics be not ignored or rejected without trial. The effects of poisons on animals, the symptoms caused in man by large or single doses, must not be supposed to suffice for our need; if true similarity is to be ascertained, the symptomatology of drugs must not be less exhaustively or minutely studied than that of disease. You deride our interminable "*symptomen-codices*." By all means give us better ones; but at least admit that the attempt was in the right direction. The results of such long and painful labours may possibly show some grains of gold for careful sifting. But however this may be, we make no claim for our practice; we assert it only for the principle.

How to deal with the subjective symptoms elicited by the slow and long-continued action of drugs on healthy human beings is the core and kernel of the difficulty; and till that is attempted let no man pretend that he has approached the provings of medicines on the healthy in the spirit of a man of science; nor that he is capable of pronouncing upon the significance of the homœopathic law. In itself the difficulty is an almost overwhelming one, being no less than the task of disentangling the confused medley of truly medicinal and important, from crowds of accidental and trivial symptoms which encumber the diaries of the experimenters; then to trace those to their natural connections in a practical and intelligible form, so as to give as clear an idea of the action of drugs on the healthy body as we have of the actions of the predisposing and exciting causes of disease upon the same body, and which we call natural diseases. These latter causes are most

assuredly not arranged into emetics, purgatives, sudorifies, and the like; and the time will come (as it has already come to us) to marvel that men—presumedly of science—could have been so long satisfied with the superficial knowledge and classification of drugs which has hitherto been in vogue.

And now our third demand is this—that the question of *dose* be thrown open, and all judgment upon it reserved till farther experiment has been made. Let our brethren remember that their associations on this subject are derived from practising with a view to oppose the direction of disease (enantiopathy), or to act on healthy parts (allœopathy). They cannot *à priori* say what reduction of dose may be required for medicines acting on the diseased parts similarly to the morbid cause (homœopathy). It is obvious that some reduction is required—that *Strychnia* in quantities suitable to excite the cord in paralysis would aggravate its trouble in tetanus. And it is evident that, when similarly acting remedies have been employed with admitted advantage, it has always been in minute doses—as the drops of *Ipecacuanha* wine in vomiting. But you say,—This is all very well; it is when you get among your infinitesimals that we cannot follow you. Good: we should be thankful to you if you could prove their needlessness. We are trying if we can prove it for ourselves, at the instance of one of the oldest and foremost practitioners among us. We have no pleasure in dealing with these impalpable points, these inconceivable fractions. We would gladly abandon them, if we could apply the law of similars without them. And so we are farthest from the wish to impose them upon others. Our claim is not for the recognition of certain doses, but for freedom for all doses. It is absurd, in these days of continued demonstration by science of the activity of the infinitely little, to draw a hard and fast line of medicinal quantity, and say,—Thus far shalt thou go, and no farther. If we have gone too far, prove it by experiment: ridicule has here no place, and incredulity is unwarranted.

This is all. The word “homœopathy” often suggests to the minds of its opponents the many fancies and follies

which have been connected with it—psora and dynamization theories, globule-sniffings, provings of inert and loathsome substances, and the like. Well: we have read in the annals of traditional medicine of hypotheses as baseless, of practices as objectionable. We have no more to do with the inanities of our school than the present race of physicians with those of their own in former times. Homœopathy proper is responsible only for the law of similars, for the proved medicines, for the reduced dose. There is surely nothing in these which required a separate organization for working it out, nothing which justifies exclusion of its supporters from the main body of the profession. If medicine is not wide enough to embrace us, the fault is medicine's, not ours; and it is a fault easily remediable. The profession has only to say—"There has been misunderstanding; we have been provoked by some extravagancies from among you, and have allowed ourselves to be prejudiced against your real position. Resume your place in our ranks, from which it is our fault that you were ever expelled. If you have doctrines to propound and practices to recommend, our journals, our societies, our hospitals and dispensaries, are as open to you as to any other qualified men." Do our brethren know what would be the result of such generous policy? We should at once cease to exist as a separate body. Our name would remain only as a technical term to designate our doctrine; while "homœopathic" journals, societies, hospitals, dispensaries, pharmacopœias, directories, would lose their *raison d'être*, and cease to be. The rivalry between "homœopathic" and "allopathic" practitioners would no longer embitter doctors and perplex patients. If (as is now generally admitted) we have hit upon some good things, they would become the general property of the profession; and we on our part should be even readier than we are to avail ourselves of all that is useful in the ordinary practice. You can only kill homœopathy by recognising it. Allow it to be legitimate and valid as far as it goes: and then the part will be, and will rejoice to be, amalgamated with the whole, and will lose its independent and troublesome identity. How far it will leaven the whole, time only can decide.



We have our thoughts on the subject ; but at least whatever happens in this direction will be the just result of the comparison of practice.

Do our brethren shrink from making such advances? Very well then, we must wait. But let us assure them that to this, sooner or later, they must come. It is not possible to escape it. It is admitted on all hands that there is a homœopathic action of medicines. Then this method of using them must be discussed exactly in the same way and with the same freedom as any other theory in medicine or in the arts and sciences generally. We claim for it (as we have said) no position or predominance other than what may be found to be its due after proper testing. We assert, and have asserted from the beginning, that we do not know what that position is. We are quite prepared to abandon the attempt to apply it to any particular diseased conditions so soon as it is demonstrated to be inapplicable to them, or inferior to other methods of treating them. And in such cases we are prepared to use, and in fact have all along used, other means, either as substitutes or as auxiliaries. As far as our experience goes, these cases are comparatively few. But if wider experience in the hands of competent men shows them to be more numerous, we are prepared to accept the inference. Again, the necessity of proving on the healthy is acknowledged. When this has been properly carried out, it must be determined after what manner the results are to be applied,—whether solely according to their primary action, as giving opiates for sleep and purgatives for constipation, or upon the homœopathic specific plan. This can only be decided by the ordinary rules of scientific experiment, and in no other way ; and, whatever the result, it must be accepted. This is precisely our position ; this, and nothing more than this. The dose likewise must be settled in the same fashion. The medicine of the future must therefore perforce follow our methods ; there is no third way.

To our position, we say, sooner or later all must come. The accidents of our separate existence are but temporary ; but we claim for our essential standpoint that it is the only



tenable one. We are the assertors of liberty in medicine. We call ourselves, our literature, and our associations "homœopathic," not as implying an exclusive devotion to this creed, but simply as meaning that here it is recognised and its proper value allowed. If any one of its opponents have anything worth saying against it, these pages are open to him; and we are sure that there are none of our societies but would give him a patient hearing and a candid discussion. How little liberty of this kind exists on the other side has been already seen. Which course of conduct implies most confidence in principles and desire of progress? If our brethren would satisfy their own conscience, and approve themselves in the public eye, let them be at least as ready *audire alteram partem* in homœopathy's favour as we are when the argument is against it. Let the mistakes and errors, the strifes and bitternesses, of the last fifty years be buried by common consent; and then we shall find ourselves, as it were, at Hahnemann's original starting-post when he propounded the rule "*similia similibus*," and began to prove medicines and experiment upon the dose. Could any honest and enlightened physician of the old school allow himself now in the blind opposition which greeted the German reformer then, and which has perpetuated itself towards all his adherents since? If not, the opportunity is offered of showing how much the present generation has advanced in liberality. We have set forth once again (as has often been set forth before) what is our essential doctrine. We shall be more than willing to forget its reception in the past, if we can secure a hearing and a testing for it now.

But one word more. If any of the highly trained hospital physicians of this day should read our article, and should look into the little world we inhabit apart, he must not expect to find it *totus teres atque rotundus*. He will not indeed be offended by anything which he (and we no less) resents as "quackery." We have no secrets or mysteries,\* no pompous pretensions, no panaceas. But he

\* How little is really known of us may be inferred from a fact like this. An eminent practitioner of the old school wrote a short time ago to a homœo-

will find in us much weakness and imperfection. Our central principle remains a phenomenal, not to say empirical, rule. Our provings of medicines are mostly fragmentary, and the records of many of them well-nigh useless through mal-arrangement. We are widely, and to present seeming, hopelessly, divided on the question of dose; and many other practical matters—as repetition and alternation—remain unsettled. But let him not despise this day of small things; rather let him ask how it is that it has not waxed greater. And the answer is simple. It is because the profession at large has refused us any help in our task. It is because no one has been allowed to cultivate this field of practice except at the price of ostracism from his brethren and loss of position and prospects. The treatment of Henderson did not serve “pour encourager les autres;” and it is not strange that we have but few men of note among us. Persecution is bracing air, as a rule; but sometimes it proves stifling. In this case it has hindered all but a few hundreds in the several countries of the Old World from devoting themselves to the despised doctrine. No wonder then that, overwhelmed by the demands of the public upon our time, we have been able to do so little towards deepening and widening our foundation, towards investigating the significance of our provings. The marvel is that so much has been accomplished. What we say to our brethren is,—come and help us. Bring to our inquiries and experiments your numbers, your wealth, your leisure, your trained observers, your ample materials. There is probably much that is partial and extreme of which you may cure us. If only with this motive, take, we beg you, our homœopathy, and throw it into your crucible. We know what wealth of gold will come out; and then we hope

pathic friend:—“What is really wanted is some common ground on which various hypotheses of the mode in which matter and materials act on the human or animal frame can be tested. *This can never be done until your pharmacopœia is as open and public as ours*, and until every one who practises on his fellow-creatures knows exactly and can prepare what he is ordering, on any system.” Now, our mode of preparing our medicines has never been any mystery; and since the publication of the *British Homœopathic Pharmacopœia* in 1870, he who runs may read it.

for it to go on accumulating, far faster than in our feeble hands. What medicine might become in ten years, if only the profession at large would test homœopathy as it deserves, is a dream almost too bright to dwell upon.

Before concluding, we may say a few words in reference to the desirableness of a state staff of medical officers, who should be independent of the influences that now bear so strongly on even the more eminent of the medical faculty. Our space precludes us from entering into details on this very important subject. Such a staff of the *élite* of the profession might be formed if the state took upon itself the appointments to hospitals, professorships, and laboratories, these state appointments to be obtained by public *concours* or some other independent mode, and not, as at present, by paltry electioneering cabals and pandering to the prejudices of the rank and file of the profession. Real men of science being secured by such a mode of selection, the appointments should be of sufficient value to render their holders independent in a pecuniary point of view, in place of being locked on, as now, merely as stepping-stones to a remunerative private practice.

By these means a distinct caste of scientific physicians would gradually be produced, who, being completely independent of the caprices and prejudices of the mob of practitioners, would be more likely to form an unbiassed judgment with respect to subjects like homœopathy; and though they might not have any judicial status with regard to such matters, their opinions would be looked up to with respect. Whereas at present we cannot attach the slightest value to the utterances of even the most eminent and highly placed physicians respecting homœopathy when we know that their condemnation of it will be followed by the applause of the groundlings, and by ever more honours and more applause; whereas their approbation of it would be followed by denunciation, ridicule, loss of status, of fees and of friends, expulsion from societies, and enforced resignation of hospital appointments.

With such an independent body of scientific physicians

and surgeons as we have supposed there could not fail to arise an independent medical press, which should not, as is the case with the existing medical press, be compelled to violate the principles of justice and of sound reason in order to please the vulgar herd of trading practitioners.

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